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** CONTINUING DATA *****

This application is a CON of 09/919,783 07/31/2001 PAT 6,747,556

D.P.

** FOREIGN APPLICATIONS *****

None D.P.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	DRAWING 5	CLAIMS 59	CLAIMS 5
Verified and Acknowledged Examiner's Signature	<i>D.P.</i>	Initials			

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TITLE

Method and system for locating a portable medical device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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